

Summary report on the

Expert workshop to prepare a new edition of the WHO advisory note on waterpipe tobacco smoking

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Cairo, Egypt
30–31 March 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Waterpipe tobacco use has traditionally been associated with many of the countries of the WHO Eastern Mediterranean Region, with men and with the elderly. New cumulative evidence, however, shows a shift in this situation. Young people of both sexes are gradually taking up the habit, and it is becoming widely used in many other regions. For more than a decade, data from the Global Youth Tobacco Survey have shown that the prevalence of waterpipe smoking among male and female school students has reached 39.3% and 31.0%, respectively, in some countries in the Region. A similarly alarming situation is seen among university students. In recent studies, the prevalence among university students was 23%.

In the Eastern Mediterranean Region, future projections in some countries suggest that in a few years' time, cigarette use is likely to decrease while waterpipe use will be on the rise. Furthermore, recent results from the Global Adult Tobacco Survey have shown significant use of waterpipe tobacco in countries outside the Region, such as in Viet Nam (13.0%), Russian Federation (4.4%), Turkey (4.0%) and Ukraine (3.2%).

Research has shown that waterpipe smoke includes numerous harmful toxicants and carcinogens, many of which are similar to those identified in cigarette smoke. These chemicals have been linked to heart disease, lung cancer and other respiratory diseases. Available evidence shows that while waterpipe tobacco users are aware of its health hazards, they remain socially tolerable of its use and perceive it as less harmful and less addictive than cigarettes. For example, in Egypt, 57% of adults believe that waterpipe tobacco is less harmful. Similarly, studies from the United States among college students show

that waterpipe use is considered less harmful than regular cigarette smoking.

Realizing the size of the tobacco epidemic, the Member States of WHO engaged in negotiating the WHO Framework Convention on Tobacco Control (FCTC), which was adopted in 2003 and entered into force in 2005. A total of 177 countries are parties to the WHO FCTC today, making it the most widely accepted international treaty worldwide. Although the WHO FCTC addresses all forms of tobacco use, parties to the WHO FCTC continue to face many challenges in effectively implementing the recommended policies on several tobacco products, including waterpipe tobacco.

Realizing the challenge of the waterpipe tobacco epidemic, WHO published the WHO Study Group on Tobacco Product Regulation (TobReg) advisory note on waterpipe tobacco smoking in 2005, based on the state of knowledge available at that time. Since the release of the WHO advisory note, waterpipe tobacco research has received greater attention and new knowledge has become available. Moreover, the waterpipe tobacco epidemic has become worse with the growing list of flavourants and additives which have made waterpipe use more attractive to youth. This growth has also attracted the multinational tobacco industry, which is now investing in producing and marketing waterpipe tobacco.

In this challenging global context, it is imperative to pursue regulatory tobacco control policies specifically addressing the use of waterpipe tobacco and align them with ongoing work on implementing the articles of the WHO FCTC and the work of the Conference of Parties (COP) to the WHO FCTC. This pressing need was clearly articulated in the recent Declaration of the First International Conference on

Waterpipe Tobacco Research, held in Abu Dhabi, United Arab Emirates on 21–23 October 2013. The Declaration urged international health organizations and governments to adopt policies to stop the global spread of waterpipe tobacco use and consider it an urgent public health priority.

To support this, the WHO Regional Office for the Eastern Mediterranean organized an expert workshop to prepare a new edition of the WHO advisory note on waterpipe tobacco smoking that was held in Cairo, Egypt, from 30 to 31 March 2014. The workshop addressed the waterpipe epidemic from three perspectives: the scientific evidence; the current situation and identified gaps; and the way forward.

The specific objectives of the workshop were to:

- review the 2005 TobReg advisory note on waterpipe tobacco smoking in light of the new evidence, and agree on a new annotated outline with an expanded emphasis on interventions and policy implications;
- agree on the names and terms of reference for the authors/editors;
- review challenges and gaps at country level;
- discuss suggestions on addressing waterpipe tobacco at the sixth session of the Conference of Parties to the WHO FCTC (COP6) and the possible role of the new edition of the advisory note.

The workshop was attended by TobReg members, several authors of the background paper for the 2005 WHO advisory note, senior health officials from Egypt, Jordan, Lebanon, Oman, Tunisia and Turkey, and other global and regional experts on waterpipe tobacco. The WHO FCTC Secretariat (Convention Secretariat) participated in the third and last session of the meeting via telephone, together with the International Union Against Tuberculosis and Lung Disease, the organizers of the World Conference on Tobacco or Health and the coordinator of the American University of Beirut Tobacco Control Research Group. The meeting secretariat included WHO staff from country offices, the two regional offices for the Eastern Mediterranean and Western Pacific, and WHO headquarters.

The workshop was inaugurated by Dr Samer Jabbour, Director, Noncommunicable Diseases and Mental Health, who noted that waterpipe tobacco use was spreading both inside and outside the Eastern Mediterranean Region, and contributing negatively to the noncommunicable diseases epidemic, and that it was important to start taking action now. Dr Jabbour recognized that although many research gaps had been bridged since the release of the 2005 WHO advisory note, gaps still existed, especially in the policy area, as had been highlighted at First International Conference on Waterpipe Tobacco Research.

He observed that with the new knowledge gained from research since the release of the 2005 WHO advisory note, it was now imperative to produce a second version to capture all new developments. In addition, he said, countries and parties to the WHO FCTC needed immediate support on how to control the waterpipe tobacco epidemic, and which policies in the WHO FCTC should be applied on waterpipe tobacco and how.

Dr Jabbour concluded by calling for the countries of the Region to be aware of the potential challenges posed by the tobacco industry in spreading waterpipe tobacco use and urged strict implementation of the Guidelines for Article 5.3 of the WHO FCTC on the protection of public health policies with respect to tobacco control from commercial and other vested interests.

Dr Ghazi Zaatari, Chair of TobReg, was selected as Chair of the workshop. The programme was organized into three plenary sessions and two working group sessions.

2. Summary of discussions

Presentations covered an introduction on the WHO advisory note and international developments since then (Dr Ghazi Zaatari), global perspectives on the waterpipe tobacco epidemic (Dr Thomas Eissenberg), the evidence on toxicity and health impact (Dr Alan Shihadeh), the outcomes of the First International Conference on Waterpipe Tobacco Research (Dr Rima Nakkash), mobilizing for waterpipe control at the regional level (Dr Feras Hawari) and the best way to address waterpipe tobacco use in the global tobacco control agenda, especially in the upcoming COP6 (Dr Vijay Trivedi) and the World Conference on Tobacco or Health (Dr Nils Billo).

The regional experiences of the WHO Eastern Mediterranean (Dr Fatimah El Awa), European (Regional Office for Europe) and Western Pacific (Dr Maria Carmen Audera-Lopez) regions were presented, as were the country experiences of Egypt (Dr Randa Abou El Naga, Dr Sahar Latif Labib), Jordan (Dr Malek Habashneh), Lebanon (Dr Fadi Senan), Oman (Dr Jawad Al Lawati), Tunisia (Dr Mounira Nebli) and Turkey (Dr Erol Sezer).

Of the two working group sessions, one focused on identifying needs and ways forward in controlling waterpipe tobacco use at country level, and the role of the different actors within countries and the Region, while the other focused on agreeing on the new outlines of the updated version of the WHO advisory note and terms of reference for the authors.

The participants of the workshop agreed that there is now sufficient scientific evidence which proves that waterpipe tobacco use is a global public health epidemic and poses serious health threats. Therefore, an urgent need exists for a coordinated effort at national, regional and global levels to control the waterpipe tobacco use epidemic.

There is widespread ignorance and lack of awareness about the harms of waterpipe tobacco use among its users and the public. Furthermore, the tobacco industry is increasingly involved in the production of waterpipe tobacco which will have negative consequences for its already high prevalence. However, the identity of the key actors in the production of waterpipe tobacco is still unclear to countries.

The existing global data does not reflect data for specific groups; some regions and countries still lack data on waterpipe tobacco use, a situation that must be addressed and rectified. Moreover, existing reporting mechanisms do not address waterpipe tobacco comprehensively and there is a need to bridge some of the knowledge gaps. A need for consistency in the terminology used to address the waterpipe tobacco epidemic, for example in the use of terms such as waterpipe, *shisha*, *hookah* and *narghile*, was also noted.

The research gaps highlighted by the First International Conference on Waterpipe Tobacco Research are common to many countries and

regions. It was felt that interested investigators and groups should be encouraged to pursue the research needs identified at the conference. In particular, it was felt that there is a need to update the 2005 WHO advisory note on waterpipe tobacco smoking.

While the evidence documented in the first version of the WHO advisory note on the addictiveness and toxicity related to waterpipe tobacco use is still valid and confirmed by recent research, more research is needed on its long-term health effects.

It was also felt necessary to address waterpipe tobacco use in international forums, such as the World Conference on Tobacco or Health and the WHO FCTC Conference of Parties, in order to draw attention to it.

It was observed that there is a lack of guidance on how the WHO FCTC should apply to waterpipe tobacco use, such as on the application of pictorial health warnings on waterpipe tobacco packs. Accordingly, there is a need to bridge policy and legislative gaps through analyses of the WHO FCTC and its related documents in relation to waterpipe tobacco use, and identification of the best ways forward.

There is a need for the WHO FCTC Conference of Parties to address waterpipe tobacco use and guide countries on how to apply the WHO FCTC provisions in this regard. The support of international organizations to guide countries on combating the waterpipe tobacco epidemic was also seen to be much needed.

The main deliverables of the workshop were achieved, including finalization of the terms of reference for the authors of the new advisory note and its outline.

A clear way forward for addressing waterpipe tobacco use within WHO FCTC Conference of Parties proceedings was also agreed upon.

3. Next steps

To Member States

1. Develop country profiles on waterpipe tobacco use.
2. Document national experiences in waterpipe tobacco control.
3. Tackle waterpipe tobacco use in a multisectoral fashion.
4. Apply WHO FCTC demand and supply side measures to waterpipe tobacco.
5. Address tobacco control with a comprehensive approach that covers all tobacco product use.
6. Strictly apply the Guidelines for implementing Article 5.3 of the WHO FCTC to waterpipe tobacco.
7. Ensure visibility of waterpipe tobacco use at the 16th World Conference on Tobacco or Health through abstract submissions and workshop proposals.

To WHO and the scientific committee and organizers of the World Conference on Tobacco or Health

8. Ensure that a plenary on waterpipe tobacco takes place during the 16th conference in March 2015 in Abu Dhabi, United Arab Emirates.
9. Recommend that the waterpipe tobacco epidemic is integrated in speeches of both the WHO Director-General and the Regional Director for the Eastern Mediterranean during the conference.
10. Develop a fact sheet on waterpipe tobacco for the conference.
11. Work jointly with partners to develop a special peer reviewed journal supplement on waterpipe tobacco, to be released during the conference.
12. Integrate waterpipe in different sections of the conference such as plenaries, workshops, the pre-conference programme and the youth conference.

To WHO and the Convention Secretariat

13. Continue to raise political commitment and awareness on waterpipe tobacco use among policy-makers.
14. Ensure consistency in the terminology used in referring to waterpipe tobacco use. The workshop recommends the use of the word “waterpipe”.

15. Request the WHO FCTC Bureau of the Conference of the Parties (FCTC Bureau), at their April 2014 meeting, to include waterpipe tobacco use on the agenda of COP6 as an independent item.
16. Request the WHO FCTC Bureau, at their April 2014 meeting, to include a set of questions on waterpipe tobacco on the Conference of Parties reporting tool.
17. Include a separate section on waterpipe tobacco in ongoing surveys.
18. Integrate waterpipe tobacco in ongoing reporting mechanisms, such as the WHO report on the global tobacco epidemic and WHO FCTC Conference of Parties reporting.
19. Finalize a second version of the WHO advisory note based on the outlines agreed upon during the meeting.
20. Look into the possibilities of a monograph on waterpipe tobacco use in conjunction with the United States Centers for Disease Control and Prevention.
21. Prepare an eight-page information note on waterpipe tobacco use, to be submitted as an information document at COP6. The Regional Office for the Eastern Mediterranean and WHO headquarters should work with the Convention Secretariat to develop terms of reference for this paper. This is needed for when waterpipe tobacco becomes an official agenda item for COP6 and further to COP5/17 on south-south cooperation on waterpipe

tobacco. This should be submitted to the Convention Secretariat by June 2014.

22. Follow up on the idea of having a waterpipe tobacco lunchtime technical briefing at COP6, prior to the Committee A discussion on the topic.
23. Develop a side-by-side text for the implementation of WHO FCTC demand and supply side measures on waterpipe tobacco.



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